



Patient ID Stamp
Or Patient ID #

SARS CASE REPORTING EVALUATION FORM (LEVELS 2-5: PRESENCE OF SARS TRANSMISSION WORLDWIDE)*

**Use This Form for ALL Patients with
Fever or Respiratory Symptoms**

Symptom Onset Date ____ / ____ / ____ 10 Days Before Onset of Symptoms ____ / ____ / ____

Epidemiologic Criteria: (Check all that apply and continue on)		
NO <input type="checkbox"/>	Travel within 10 days of onset to Mainland China, Hong Kong or Taiwan	YES <input type="checkbox"/>
NO <input type="checkbox"/>	Exposure within 10 days of onset to a location (domestic or foreign) with documented or suspected SARS-CoV transmission, or exposure to a laboratory containing live SARS-CoV	YES <input type="checkbox"/>
NO <input type="checkbox"/>	Close contact within 10 days with a person who has known or suspected SARS-CoV infection	YES <input type="checkbox"/>
NO <input type="checkbox"/>	Close contact within 10 days of onset to ill persons with recent exposure to a location (domestic or foreign, including laboratory) with documented or suspected SARS-CoV	YES <input type="checkbox"/>
NO <input type="checkbox"/>	Employment in occupation at risk for SARS-CoV contact (healthcare worker with direct patient contact)	YES <input type="checkbox"/>
NO <input type="checkbox"/>	Part of a cluster of cases of atypical pneumonia without alternative diagnosis	YES <input type="checkbox"/>

All NO



If none of the epidemiologic criteria are checked:
<ul style="list-style-type: none"> Use droplet or other appropriate infection control precautions Treat patient as clinically indicated Report other diagnoses as mandated by public health requirements http://www.ci.mil.wi.us/citygov/health/survnet/ReportableDiseases.htm

Any YES



If one or more of the above epidemiologic criteria are checked:	
1. <input type="checkbox"/>	For patients in Milwaukee County immediately notify SURVNET (414-286-3624). In other counties contact local health department http://www.dhfs.state.wi.us/dph_ops/localhealth/index.htm?ref=hp
2. <input type="checkbox"/>	Implement SARS isolation precautions (www.cdc.gov/ncidod/sars/ic.htm) pending evaluation and decision by health department in collaboration with treating physician.
3. <input type="checkbox"/>	Evaluate for alternative diagnosis as clinically indicated, which may include the following: <ul style="list-style-type: none"> Pulse oximetry Complete blood count with differential Blood cultures Sputum Gram stain and culture Testing for viral respiratory pathogens, notably influenza A and B and respiratory syncytial virus Specimens for Legionella and pneumococcal urinary antigen testing
4. <input type="checkbox"/>	Report to health officials any evidence that contacts of the patient also suffer radiologically confirmed pneumonia
5. <input type="checkbox"/>	After 72 hours, if no alternative diagnosis, consult with health department regarding SARS-CoV testing

Information regarding surveillance, reporting, infection control, isolation or quarantine can be found at <http://www.cdc.gov/ncidod/sars/index.htm>

Questions regarding this form should be directed to the City of Milwaukee Health Department during regular business hours at (414) 286-3624 and after hours at (414) 286-2150

*Consult the MHD website or EMSsystems regarding the current level of SARS activity and use the appropriate form. This form is to be used when community acquired SARS cases have been reported globally.

Updated 12-29-03